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AUTHOR Steele, Stephen F.
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ABSTRACT

In light of the proliferation of interest in the areas of death, dying and death-related behavior this work examines two areas related to the socialization of death attitudes in the United States. First, an elaboration of Blauner's seminal work concerning death and social structure is performed. This analysis reveals a social system which has routed the flow of death-related information and experience outside the view of a large portion of the population. The result is a social environment in which the socialization of death attitudes and responsibilities is largely absent. Hence, the structure of the morality environment has contributed significantly to the conceptualization of death as a "taboo topic." Secondly, the new mortality environment is briefly examined with special attention paid to education and its increasing legitimacy as an agent of socialization concerning death-related behavior and attitudes. The paper asks questions of who, what and how information related to death and dying might be presented. (Author)or

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# SOCIALIZATION OF DEATH-RELATED BEHAVIOR:

# ENVIRONMENTAL FACTORS AND SOCIAL ORGANIZATION

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Stephen F. Steele
Anne Arundel Community College
Arnold, Maryland 21012

with editing by
Marianne Everett, R.N.
Ars Moriendi
Philadelphia, Pennsylvania

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One need not do extensive research to realize the recent heightened interest in topics related to death and dying in the United States. The recent curiosity with death has given birth to at least two major international journals (The Journal of Thanatology and Omega) and countless death, dying and death-related behavior college courses. A quick overview of two-year and four-year colleges in the Baltimore-Washington, D.C. area reveals at least six schools which are now offering or have offered in the past a college level thanatology course.* A curious point which might be observed at this juncture is that courses offered are not only a portion of a department of religion or a department of philosophy as one might expect, but also are becoming a portion of the social science and public health curricula. In essence, not only the courses themselves but also their departmental loci imply a redirection of emphasis. These courses deal with death not simply as the mystical philosophical question; rather, the new death course is involved in the promulgation of practical information concerning the act of dying and attitudes toward death.

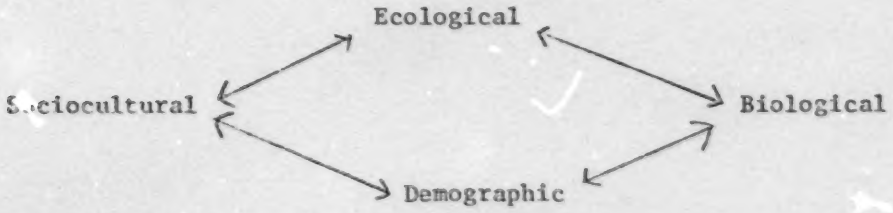
The proliferation of interest in death-related behavior is in itself problematic. An introductory sampling of the literature pertaining to American attitudes toward death is certain to lead one to the conclusion that America has been described as a "death-denying" society. From a treatise on funeral directors by Mitford[1] to the philosophical positions of Tillich[2] and Wahl[3] one is confronted with the notion that Americans maintain an attitude toward their own demise which may be viewed as too macabre or inconveniencing with which to deal. In an overview of this denial position made by Dumont and Foss one is further told that not only is denial fostered, but also it is promoted and transmitted to future generations through all modern media--not the least of which is television.[4] The revelation that Americans

*Six colleges offering death-related behavior classes: University of Maryland, College Park; Georgetown, Catholic University, Towson State College, Montgomery College, and Anne Arundel Community College.

are death deniers is often a starting point in a college death course as a justification for the need for formal enlightenment in the areas of body disposal, death conflicts, suicide and the rest of the thanatological host. Such reasoning, however, is not sufficient in and of itself to explain the social factors which provide the basis for the emergence of and the need for death education. The death denial literature discussed briefly above leads one to the conclusion that if denial is the norm, social actors are likely to lack sufficient societal input in the form of preparatory socialization to meet the occurrence of an inevitable life phenomenon. For a growing segment of the population the functional responsibility for the dissemination of "death and dying" information has come to rest in the educational system. The focus of this work shall be an attempt to demonstrate how the environmental factors have contributed in system to the emergence of preparatory socialization for death-related behavior in the educational institution.

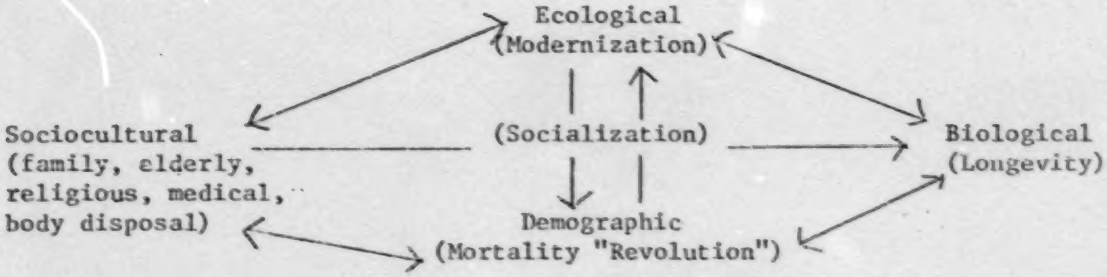
An Approach

Utilizing the ecological perspective one finds if necessary to analyze the extent of a given system while identifying the contributing environmental factors and their relationship to one another.[5] Employing general categories of environmental factors suggested by Hawley[6] and Duncan[7] and a schematic created by Katz[8] one is able to visualize the relationships in the general ecosystem as follows:




Basically, the schematic represents the interrelationship between major social and environmental factors. To make the diagram meaningful for this work it is necessary to operationalize the general environmental factors in light of the topic at hand.

A seminal contribution to the sociological conceptualization of death-related matters is that of Robert Blauner.[9] Blauner supplies the basis for a structural analysis of the contributing social factors which have been involved in changing death-related behavior and attitudes. In essence, Blauner (either directly or by implication) incorporates the changing nature of family, religion, medicine, body disposal, treatment of the elderly, population composition, and changing mortality characteristics into his structural analysis of the thanatological environment.[10] Applying Blauner's factors to the Katz schematic one is able to categorize the various factors under the general headings presented. The goal of this paper could be achieved in part by reviewing the evolution of the interrelationships of the various factors in system over time. This would, however, leave the question of responsibility for preparatory socialization of death-related behavior unanswered. To fulfill this need, socialization as a process will be viewed as a link in an information system. In this case the goal of the information system is to transmit necessary procedures, support functions and roles as well as required emotional and functional skills from one generation to another.[11] When one includes socialization in the paradigm below, the conceptual model of the relationships to be examined appears as follows:




Including the socialization process in the analysis at hand leads one to link inextricably death behavior and attitudes with the information transmission system. The goal is to demonstrate that in the case at hand the information system has been

channeled outside the purview of a significant portion of the population and that it is this rerouting of information which has created a need for formal death education.

Factors: Technical, Demographic, and Biological

The forces of "modernization" (despite the controversy over the precise definition of this term) seem to bring corresponding changes in other related environmental factors throughout a social system.[12] Modernization and its correlate industrialization bring forth at least two identifiable consequences. First, social structures reorganize to become more "differentiated, diversified and separate."[13] Accompanying this change is a reorganization of thought, values and behavior which emerges around these increasingly complex social structures. Secondly, increased complexity hastens the emergence of new institutions or radically alters "old" institutional means of meeting social goals.[14] The concept of modernization in the context of this paper is to be used to represent the on-going "atmosphere" of increasing complexity and differentiation in which the remaining factors operate. Thus, it will be possible at a future point in this paper to compare positions along this evolving scenario viewing relevant issues at each juncture.

Related to the complexity outlined above is the coincident change in demographic factors throughout the industrialization process--specifically those relating to longevity and mortality. An examination of data collected in the pre-Industrial Revolution and post-Industrial Revolution period in Europe and the United States reveals the occurrence of that which Goldscheider calls the "Mortality Revolution."[15] Concurrent with the rise of industrialization one witnesses the reduction of large fluctuations in mortality rates. Crude death rates and infant mortality rates were initially stabilized with both rates declining in the long term.[16] The stable lifestyles and distribution systems of this era combined with enhanced medical technology similarly increased life expectancy. Citing a representative example Goldscheider states:

> By 1840, the population in most advanced European countries had a life expectancy of over forty years slowly increasing to forty-five years in 1880, to fifty-one years by the turn of the twentieth century, to over sixty years by 1930, and to over seventy years by the 1950's.[17]

Similarly, mortality rates in the United States have steadily decreased from 13.0 (per 1000) in 1920 to 9.4 in 1970.[18] A similar decline has been witnessed in the infant mortality rate which has declined from 99.9 in 1915 to 19.2 in 1971.[19] Blauner emphasizes the effect of increased longevity by demonstrating that 1960 data revealed that 55% of all male deaths in the United States occurred within the 65+ age group.[20] For the 1970's this is brought into sharper focus when one considers that a white male child who lives beyond his first year is likely to live beyond his mid-sixties; while a white female is likely to live beyone her mid-seventies.[21]

From an overview of the abovestated mortality and longevity characteristics one begins to envision a characteristic technological-mortality-longevity social environment. Behavioral and attitudinal environments vary based on the frequency of encounter and the category of encounter, i.e. the rate at which death occurs and who is likely to die most frequently.[22] Cross-culturally, Hillery in the creation of a Mortality Index establishes the intriguing possibility of relating "death-visibility" (the author's quote) to a host of death-relaced behaviors not the least of which might be preparatory socialization experiences and functions.[23] The importance of this viewpoint is that it leads us to the evaluation of the United States as a social scenario in which most of the dying is done by the elderly and daily exposure to death is extremely unlikely.

7

Sociocultural Factors

Whether one examines Ogburn's classic work[24] or Duvall's[25] more recent delineation

of family functions, socialization or "in-family" education for the purpose of transmitting various societal skills and roles seems to endure. Accordingly, the socialization process has transmitted numerous forms of behavior from sex roles to religious attitudes in an on-going inter-generational information system. The process is essential in providing preparatory and continuing "cognitive and motor skills," attitudes and substantive information.[26] Socialization has been conceived as largely a family function, particularly in pre-industrial and transitional societies. As social complexity and differentiation increased throughout the period of industrialization/modernization, it has become increasingly clear that cumulative social behavior gleaned from socialization could not be attributed exclusively to family input. Clearly socialization agencies (such as church, schook, etc.) contribute on a plane with the family in terms of s cope and quantity of input. As Clausen points out the socialization process is more accurately perceived as behavior which is conducted by a "socialization community."[27] As the transition occurs from family-centered information system to "socialization community" information system, and a simultaneous reorganization of socialization input occurs, institutional functions and performance must be realigned.

Family

Numerous environmental imperatives insulated the agrarian/transitional American family as an entity of central prominence. Through strong negative sanctions placed on divorce and distinct division of labor encompassing agrarian-based duties, eighteenth century families became socially and economically "institutionally embedded" in the social structure.[28] Throughout the nineteenth century (the period of Western migration) until the early twentieth century the family structure represented a central (though waning over time in the face of industrialization) locus of social, informational and economic activity. The nineteenth century family . . . be it Goode's "extended family of Western nostalgia" or not . . . was likely an entity in which three generations might live in the same household or, minimally, in geographic proximity.[29] In this clearinghous for social

activity, sickness, aging, and death were likely and visible phenomena. As mentioned earlier in this work infant and maternal mortality though in the process of a decline was a great deal more frequent and certainly more visible. Comparably shorter life spans brought death of the elderly into the view of all in the family environment. The need to respond to the death of an individual in the kin structure was clearly a necessity. Roles formerly filled by the deceased were of economic and social importance. Emotional and psychological support systems at the death of a kinship structural member, likewise, were of value in maintaining family functioning.[30] The need to deal effectively and directly with death is underwritten within a society's institutionalized forms of behavior (not the least of which is funeral behavior) which are intergenerationally passed on through the socialization process.[31] It appears unlikely that persons living within such an environment would escape either the community or personal indoctrination with respect to socially expected death-related behavior.

If one follows the evolution of social forces to the industrial and the post-industrial society era in America, of course, family structure and functions as well as death-related input have become greatly modified. The "mortality environment" in the middle class nuclear family of the industrial period can be characterized by a lack of death experiences. As demonstrated earlier infant mortality has become less likely and individual longevity has been lengthened by the technological improvements of the twentieth century.[32] Realignment of family support functions for the elderly is also a contributing factor in shaping the death-encounter scenario.[33] Contrasting the modern period with the transitional period one would quickly recognize the scarcity of elderly individuals in the households of the current support generation.[34] The point emphasized here is not that an extended family support system of a unique variety exists, but rather that the elderly segment of the population for which death is a more frequent phenomenon is virtually invisible. The institutionalization of the elderly and the <u>in absentia</u> support by the "middle" generation makes the visibility

and consciousness of natural death after a process of aging increasingly remote. Socialization of death-related behavior is, hence, a rather unnecessary act insofar as preparing kin for the in-household passing of an infant or an elderly individual.

Body Disposal, Funerals and Religion

Despite the rather infrequent occurrence of death in the modern family environment, the fact remains that biological immortality has not (yet) been achieved. Every individual must meet his demise as well as the deaths of others in his social world. In dealing with this phenomenon funeral rituals are still a part of the modern scenario and demonstrate the fact that death is not absent in life. To what degree do body disposal techniques and funeral rituals contribute to the socialization of death-related behavior in the mortality environment discussed thus far?

Funeral and body disposal rituals in the agrarian and transitional society are matters of family, community and religion. In the family-centered society (for the United States the period prior to 1850) body disposal and funeral rituals were the responsibilities of a few local functionaries or family members themselves.[35] When an individual died a local nurse or family member would come to the home, cleanse the body, and prepare it for burial. A cabinetmaker or a tradesman of similar qualifications would construct the necessary coffin. Funeral rituals were performed in the home with the possible exception of religious rites performed in a community church.[36] Cemetery selection ranged from backyard (particularly during periods of migratory expansion) to churchyard. The household orientation did not disappear totally until the twentieth century for the society in general. A point which becomes clear is the immediate household presence of the behavior described above. Families and communities participated in the realignment of social relationships which a death (with its associated rites of passage for living and death) signaled. Clearly this ritualized behavior met the mortality needs of the environment, but more importantly for the subject at hand such rituals of this kind were a visible information

source for modeling death-related behavior. The presence of the body in the home and the community was an undeniable phenomenon and proper funeral behavior outlining one's relationship with the deceased as well as others in the kin-community environment was a necessity.[37]

Around 1850 the functions surrounding body preparation and disposal were increasingly incorporated under the duties of the American Funeral Director ("undertaker" in the language of the day). Habenstein demonstrates the completeness of the transfer of functions from family to funeral director in the period between 1850 and 1960 indicating that virtually all tasks from removal of the body from the home to general supervision of funeral ritual came under the funeral director's auspices.[38] In the process of this reorganization of death-related tasks and its assignment to the specialist one sees the removal of virtually every aspect of death-related functioning from the household environment. This had the effect, once again of denying younger children (particularly) and the remainder of the kin structure (generally) an opportunity to participate directly in the natural phenomenon of death and behavior associated with it. In the delegation of this behavior to a separate social entity the society "shields" the child as well as the adult social community from one of life's "great mysteries."[39]

Religion

The family was not the only institution which relinquished a large portion of its death-related duties. The religious institution also became a less potent influence in the administration of death-related rituals and in the dissemination of religious dogma surrounding life before and after death. Fulton's survey of clergy and funeral directors points out an inherent role conflict between the perceived duties, responsibilities and the division of labor of their occupational expectancies.[40] Fulton further points toward the link between death conceptualization and religion when he compares the traditional society's natural and "preordained" approach to death supported by "sacred rituals" with modern American "theological" doctrine which is

tuned to a "secular" bias.[41] Blauner, likewise, cites the secularization of funeral rituals,[42] while Glock and Stark demonstrate within a California sample the influence of secular interests throughout Christian denominations concerning life after death.[43]

Apparently, not only are death attitudes and behaviors shielded from the public view but former sources of attitudinal and emotional support have become less influential in shaping death-related behavior.

Medicine

Completing the insulation of the death information system from the public eye is the specialization and separation of medical care in the United States from the family environment.[44] Americans are well aware of the fact that doctors no longer make house calls, and one who is ill will normally find it mandatory to bring the malady to the doctor's office or hospital rather than the doctor to the malady. This procedure of removing the ill from the home has meant better care and extended life to many, but it has also had the effect of shielding the society from the process of dying.[45] Furthermore, until very recently, not only were ill and dying individuals removed from the social and physical environment of the home, but also information concerning the diagnosis of a terminal illness was usually formally withheld. As Glaser points out hospitals are formal organizations charged with the responsibility of healing those who are physically incapacitated and returning them to function in society.[46] Dying individuals are problematic in that they defy one of the critical role expectancies of the general hospital patient: the expectancy to "get well."[47] Their very presence has been problematic for life-oriented, death-defying and death-denying hospital staffs.

The problematic nature of a terminally ill individual dictates a rather elaborate scheme of indirect notification of the kin as well as the dying individual himself.[48] Glaser and Strauss portray patient and family knowledge of death at four levels. In the "closed" awareness state the patient and family are kept unaware of his situation.[49] As an outgrowth of clues (often symbolic not verbal) gathered by the

terminal patient a "suspicion awareness" develops.[50] When the family or spouse becomes reasonable certain that the diagnosis is terminal, but formal announcement has not been made, a condition of "mutual pretense" awareness exists. This is a situation in which all members of the situation . . . patient, family, staff and physicians . . . "know" but simply refuse to verbalize.[51] Finally, "open awareness" may be achieved. This is a state in which open disclosure of the dying individual's condition is made available to all.[52] This paradigm is useful in demonstrating how information regarding death has been denied in the medical system. In terms of socialization the social behavior described above does not allow for even "last minute" preparatory behavior.

Socialization of Death-related Behavior In the Modern Mortality Environment

In summary one is brought to the point at which it should be clear that no single social entity in recent years has functioned as a socialization agent for matters related to death and dying. It also becomes clear that until recently the greater social community has been insulated from firsthand death information. Yet, death continues and despite organ transplants and a host of medical miracles the end of life still brings social disruption as well as a need for support systems for survivors. The pool of death-related information in the modern mortality environment includes at least three basic contributors: communication media (television, motion pictures, etc.), death-related business (life insurance companies, funeral business, etc.), and education. Of the three contributors only education has socialization as its manifest function. The undertaking of this responsibility by education is not without question . . . questions which in and of themselves may be the basis for future research.

Organizational Format

First, the educational system's ability to deal with concepts connected with death and dying is problematic. One is forced to query several critical dimensions. In what organizational format should death education classes take? Currently,

formal death education classes are generally available to college-age, college-eligible, and college-capable people with an increasing number of high schools offering the course. The format for the presentation of such courses within education institutions is currently at least twofold. First, death education is offered as a public information course. This is to imply that college/high school credit is not an inducement for participation in such a course. At the second level, the course is offered for high school, undergraduate and/or graduate credit as a portion of a number of possible high school and college curricula. The sociologist might well query the effect of this formal presentation on those involved in such a class as well as those indirectly influenced through incidental learning experiences or voluntary sessions.

What should be taught?

The natural next question is "What should be taught?" Course content is usually extended to the two levels mentioned earlier. In effect, practical information is included with regard to socio-psychological orientation of the individual regarding his death and the deaths of others in a "daily-life" situation. Under this category of concerns one might find funeral preparation and its alternatives, will preparation, life insurance, telling children about death, as well as problem-solving and value clarification situations. At the "credit level" course offerings often include similar practical information but integrate these items with theoretical information. Education as "training" appears reasonable effective at transmitting this sort of information. However, the phenomenon of death is symbolic of a host of value and emotion laden reactions in which the education system as an "open," community-sensitive system may not be encouraged to engage. Hence, one might ask to what degree does this form of presentation yield a significant change in values at both the community and social psychological levels?

Secondly, in light of the first concern the education system may provide a link to the greater socialization community. In this manner the system functions to

maximize input rather than to become an end in itself. In this role the education system functions as a bridge linking the individual's orientational structure with a multiplicity of behavioral and cognitive worlds (i.e. body disposal, legal aspects of death, etc.). Viewing the configuration of the information system to what extent does that which is "taught" restructure other aspects of the mortality environment?

Who should teach death education?

The sociologist might question the composition of that group of persons who are attracted to death education. As death education courses proliferate the social organization of death educators, their orientational perspectives, etc. would logically become the subject of future investigation. For example, a humanistic view might maintain that the course is best conducted by those who have attempted to personally encounter their own deaths (not to mention academic preparation in the area of thanatology). However, the existence of this commonality among death educators has not been ascertained, thus, providing a further area of inquiry.

The long term effect of education's role in the socialization of death-related behavior is yet to be measured. However, it's place in the socialization of death-related behavior seems certain in the social system and as a source of further research it appears bountiful.

## Footnotes

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